



# TRANSMITTAL FORM

Attorney Docket No.  
GB919990081US1/1751P

2173

In re the application: John B. IBBOTSON et al.

Serial No: 09/675,468

Group Art Unit: 2173

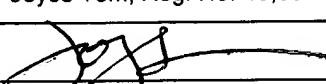
Filed: September 28, 2000

Examiner: Pillai, Namitha

For: Method and Tool for Graphically Defining an Expression

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	<b>RECEIVED</b>  JUN 06 2003  Technology Center 2100	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input checked="" type="checkbox"/>	Associate Power of Attorney		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	<i>*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), from May 12, 2003 to June 12, 2003.</i>			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	19	20	0	\$18.00	\$ 0.00
Independent Claims	4	4	0	\$84.00	\$ 0.00
				Total Fees	\$ 0.00
METHOD OF PAYMENT					
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.				
<input checked="" type="checkbox"/>	Charge \$110.00 to Deposit Account No. 09-0460 (IBM Corporation) for payment of extension fee.				
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joyce Tom, Reg. No. 48,681
Signature	
Date	June 2, 2003
CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: June 2, 2003	
Type or printed name	Grace Alicea
Signature	